Submission for Review: CAHPS Enrollee Survey 3206-0274-RENEWAL

**AGENCY:** Office of Personnel Management.

**ACTION:** 30-day notice with request for comment.

SUMMARY: The Office of Personnel Management (OPM) offers the general public and other Federal agencies the opportunity to comment on a proposed information collection (ICR) 3206-0274, Consumer Assessment of Healthcare Providers and Systems (CAHPS®). As required by the Paperwork Reduction Act of 1995, as amended by the Clinger-Cohen Act, OPM is soliciting comments for this collection. The information collection was previously published in the Federal Register on February 25, 2022 allowing for a 60-day public comment period. OPM received twenty-nine comments in response to this information collection. The organizations that submitted comments are the American Association of Nurse Practitioners and the Association of Federal Health Organizations (AFHO). The comments and OPM's responses are in the table.

**DATES:** Comments are encouraged and will be accepted until [INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]. This process is conducted in accordance with 5 CFR 1320.1.

**ADDRESSES:** Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting, "Currently under 30-day Review—Open for Public Comments" or by using the search function.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Michael Kaszynski, Senior Policy Analyst at michael.kaszynski@opm.gov. Formal

requests must be in writing.

**SUPPLEMENTARY INFORMATION:** 

The Office of Management and Budget is particularly interested in comments that:

1. Evaluate whether the proposed collection of information is necessary for the

proper performance of the functions of the agency, including whether the

information will have practical utility;

2. Evaluate the accuracy of the agency's estimate of the burden of the proposed

collection of information, including the validity of the methodology and

assumptions used;

3. Enhance the quality, utility, and clarity of the information to be collected; and

4. Minimize the burden of the collection of information on those who are to respond,

including through the use of appropriate automated, electronic, mechanical, or

other technological collection techniques or other forms of information

technology, e.g., permitting electronic submissions of responses.

**ANALYSIS:** 

Frequency: Annually

Affected Public: Federal Employees and Retirees

Number of Respondents: 73,505

Estimated Time Per Respondent: 15 minutes

Total Burden Hours: 18,376 hours

U.S. Office of Personnel Management

Kellie Cosgrove Riley

Director, Office of Privacy and Information Management

## **OPM RESPONSE TO COMMENTS for the CAHPS Enrollee Survey 3206-0274-**

Public/Individu	Section/	Comment	Decision	Reasoning
al Comments	Issue			
American		Requested that	OPM	As the Agency for
Association of		OPM amend the	determined	Healthcare Research and
Nurse		survey by changing	that this	Quality (AHRQ) is the
Practitioners		the word "doctor"	feedback does	survey steward, comments
(AANP)		to "health care	not necessitate	related to survey format or
		provider"	a change to the	questioning clarity should
		throughout the	30-day notice.	be directed to
		instrument and		https://www.ahrq.gov/cahps
		clarify that nurse		/surveys-
		practitioners are		guidance/index.html.
		included in that		
		definition.		

The following section includes recommendations and responses from the Association of Federal Health Organizations (AFHO).

	Œ.	, Even	ODM	701
The Association	Time	<ul><li>AFHO</li></ul>	OPM	The comments indicate a
of Federal	Burden	members	determined	general agreement with the
Health	Estimat	generally	that this	estimate.
Organizations	e	agree with	feedback does	
(AFHO)		the	not necessitate	
		assessment	a change to the	
		of 15	30-day notice.	
		minutes per	-	
		response		
		time adding		
		to 18,376		
		hours for		
		73,505 total		
		respondents.		
		AFHO		
		members		
		note that the		
		CAHPS		
		survey		
		response		
		time is		
		evidence-ba		
		sed;		
		however,		
		response		
		time may		
		vary by the		
		respondent,		
	DI	CNIEWAT	•	

**RENEWAL** 

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	by administrati on method, and by a respondent' s decision to not respond at all. In addition, the burden assessment may not reflect the experience of members with a language barrier.		
The CAHF Survey Instruent	and	OPM     determined that this feedback does not necessitate a change to the 30-day notice. As OPM is not the survey steward, we cannot make changes to the CAHPS Health Plan Survey 5.1H, Adult Version.	<ul> <li>OPM asks Carriers to implement the CAHPS survey as part of OPM's Plan Performance         Assessment (PPA)         annual process to assess the customer experience.         As AHRQ is the survey steward, comments related to survey format or question clarity should be directed to https://www.ahrq.gov/ca hps/surveysguidance/index.html.</li> <li>OPM understands that Carriers have the best information available in relation to the language needs of their members.         Questions related to survey translation should be directed to AHRQ. AHRQ provides additional information on CAHPS translation services Guidelines for Translating CAHPS® Surveys   Agency for Healthcare Research and Quality (ahrq.gov).</li> </ul>

such as the
provider
directory or
member
website are
actionable
by plans.
Some AFHO
members assert
that CAHPS is a
lengthy survey
which may
contribute to a
drop in
response rates.
As many of the
topical areas in
CAHPS are
unlikely to
change
year-over-year,
it may be
possible to
shorten the
CAHPS survey
by
administering
only one topical
area per year to
boost response
rates, lessen
burden, and
generate a cycle
for measuring
both relative
levels of
satisfaction and
impact of
improvement
activities. The
questions would
be rotated from
year to year to
allow all
questions to be
surveyed
cyclically.
ODV ( 1 11
OPM should
identify and

share with carriers the preferred language of each FEHB member to support survey translation prioritization and to tailor the distribution of appropriate surveys through **CAHPS** vendors. OPM should arrange for standardizing translations of the CAHPS surveys to avoid potential inconsistencies in messaging (i.e., having AHRQ perform translations for consistency in structure and messaging across health plans distributing surveys in other languages versus health plans following recommendatio ns to generate surveys in a variety of languages themselves). Several AFHO members service plan members living in other countries where language and terminology

	used in CAHPS	
	may not be as	
	common	
	making it	
	challenging to	
	track actionable	
	responses via	
	CAHPS data.	
•	The anonymity	
	of CAHPS data,	
	while	
	purposeful for	
	the survey	
	intent, does	
	impose a	
	challenge to	
	implementing	
	targeted	
	member	
	experience	
	improvement;	
	therefore, some	
	plans assume an	
	added burden in	
	coordinating	
	independent	
	target	
	assessments. In	
	terms of the	
	actionability of	
	CAHPS	
	information for	
	the health plan.	
	Some AFHO	
	members	
	recommend	
	integrating	
	open-ended comments in	
	the CAHPS	
	survey as the	
	high-level nature of the	
	CAHPS survey	
	presents a	
	challenge to	
	actionability.	
•	Several of the	
	questions in the	
	survey are	
	related to	

CAHPS Survey Data Collecti on	provider behavior versus health plan behavior, which is not as directly actionable.  OPM should encourage efforts to promote email and text-based member outreach to increase digital survey responses and improve response rates for more complete data collection. FEHB members are more receptive to completing a paper or online survey as opposed to a telephone-admi nistered survey	• OPM determined that this feedback does not necessitate a change to the 30-day notice. As OPM is not the survey steward, we cannot make changes to the CAHPS Health Plan Survey 5.1H, Adult Version administrat ion guidelines.	Multiple survey methodologies are allowed under AHRQ and NCQA guidelines and OPM does not have any jurisdiction in this arena. Feedback related to survey administration should be directed to NCQA and AHRQ as they Oversee the survey data collection guidelines.
	• FEHB members are more receptive to completing a paper or online survey as opposed to a telephone-admi	the CAHPS Health Plan Survey 5.1H, Adult Version administrat ion	
	complete.  • AFHO recommends inviting sampled individuals to participate in CAHPS via email or text, when possible.  • If outreach		
	transitions to digital and text, then carriers should have the option of forgoing mail outreach as this		

	is cost		
	prohibitive.		
	<ul> <li>More research</li> </ul>		
	is still needed to		
	better		
	understand the		
	effect of email		
	or text outreach		
	on burden. In		
	terms of		
	CAHPS		
	administrative		
	burden on		
	carriers, AFHO		
	members have		
	experienced		
	challenges with		
	survey		
	distribution and		
	collection.		
	• In terms of CAHPS		
	administrative		
	burden on		
	carriers, AFHO		
	members have		
	experienced		
	challenges with		
	survey		
	distribution and		
	collection.		
	• AFHO		
	members shared		
	COVID-19		
	pandemic-relate		
	d supply chain		
	disruptions in		
	acquiring		
	mailing		
	materials for		
	CAHPS.		
	• The two-week		
	telephone		
	interview field period presents		
	a challenge as it		
	requires a large		
	volume of		
	interviews to be		
	conducted in a		
	short		
		l	-

	timeframe, and at times a member may have already completed a paper survey when they are called, but the health plan had not received it yet, due to mail delays.		
Feedbac k Related to Data Use	CAHPS provides a standardized method of measuring and understanding member experience which is a key component of health plan performance, as well as any opportunities to improve member experience. AFHO members have indicated that information collected from CAHPS has limited practical utility.  The FEHB serves an aging demographic. To ensure the accessibility of CAHPS for older populations, OPM should take FEHB demographics into account as	OPM     determined that this feedback does not necessitate a change to the 30-day notice.	<ul> <li>OPM understands that the practicality of CAHPS data is determined individually by each FEHB Carrier as they use customer satisfaction data for planning in conjunction with other measures that they collect to assess the customer experience.</li></ul>

	changes to survey processes or guidelines may pose a challenge to members' ability to complete the survey.  OPM should provide carriers with an understanding of how OPM's Plan Performance Assessment (PPA) program uses CAHPS data to improve carrier performance, given that CAHPS is a randomly sampled survey with subject responses provided based on each respondent's interpretation of the questions.		Workgroup presentation on methods FEHB Carriers have employed to improve on select CAHPS measures. Workgroup presentations are intended to give insight into successful quality improvement efforts on specific topics for FEHB Carriers. It is not meant to dictate any business activities. The PPA Best Practices Workgroup is a forum to allow for open dialogue and idea sharing among FEHB Carriers.
Feedbac k Related to Data Distribu tion	• To improve the actionability of collected data, OPM should create and share a demographi c analysis of all CAHPS surveys collected by OPM from year to year. This	• OPM determined that this feedback does not necessitate a change to the 30-day notice. As OPM is not the survey steward, we cannot make changes to the CAHPS	OPM understands that     FEHB Carriers have     access to the     demographic breakdown     of their own member     population. At this time,     OPM does not intend to     share demographic data     from CAHPS across     FEHB Carriers.

Health Plan analysis would allow Survey OPM, 5.1H, carriers and Adult the public to Version administrat understand better FEHB ion guidelines. member demographi cs, such as geography and enrollment type. Specifically, the analysis would offer an opportunity for carriers to identify the demographi aggregation s that would be most meaningful in assessing member experience for actionable quality improvemen OPM should share FEHB member race, ethnicity, and gender identity with carriers to optimize diverse member data representati on in the **CAPHS** surveys.

Feedbac	OPM should	• OPM	OPM continues to
k Polotod	consider	determined	explore other strategies
Related to PPA	whether there is	that this	to measure customer
Method	an opportunity	feedback	service. At this time, OPM has not found a
ology	to better align the PPA with	does not necessitate	
ology	National	a change to	suitable replacement that meets the PPA
	Committee for	the 30-day	methodology criteria.
	Quality	notice.	• The PRA request was
	Assurance	none.	not a vehicle to provide
	(NCQA)		feedback on PPA
	Ratings and		methodology. To
	Accreditation		provide methodology
	where similar		feedback, please email
	information is		FEHBPerformance@op
	also being		m.gov.
	collected.		
	• AFHO		
	members also		
	encourage		
	better alignment		
	with NCQA and		
	OPM in		
	tracking CAHPS		
	improvement as		
	part of NCQA		
	accreditation.		
	• Reporting on		
	the percentage		
	of members		
	who indicate a		
	rating of 9-10		
	on rating items		
	versus the		
	percentage of		
	members who		
	indicate a rating		
	of 8-10, to better align with		
	NCQA ratings		
	or transition to		
	the use of		
	NCQA ratings		
	for OPM		
	purposes to		
	reduce		
	duplication of		
	efforts.		
	<ul> <li>Extending the</li> </ul>		

for CAI perform data.  Allowin the revi FEHB   CAHPS from th two measur years ra than on measur year to assess t impact improv plans u CAHPS data.  Will the Promot (NPS) reference Carrier 2018-0 receive discuss potentia	nance  Ing for iew of all plan is reports to the past is rement to the actual of the ement is rement in rement is rement in rement is rement in remember in remember in remember in rement is rement in remember in reme
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